Section 1: Personal Information										
Miss Ms. Mr.	Last Nam	ne		First Name			Middle			
Address			City							•
State			Zip (Code						
Date of	Birth	Age	Hom	Home Phone () -						
Studen	t Email		<u>'</u>	Cell Phone () -						
Parents Guardi	-			Address (if different)						
Parent					Daytime Ph	one () .	-		
Secti	on 2: H	ligh School Inform	ation							
		tes of your high school atter		graduation:						
					Dates At	tended				
	Scho	ool Attended		From			То			
1.										
2.										
3.										
4.	(name city	and state, and dates attende	ed)							
Other.	(name, city	and state, and dates attende								
Secti	on 3: C	College Data: Stude	nts who h	ave begun their po	st-secondar	y education	on and ha	ve graduated		
		ol complete section 3A								
about	to begin	their post-secondary ed	lucation c	complete section 3I	3.					
Secti	on 3A:	To be completed by str	udents wh	no are <u>currently</u> att	ending a pos	st-second	ary setting	g such as a		
under	graduate,	graduate, trade or tech	nical sch	ool, or certification	program ar	nd who gr	aduated f	rom high sch	ool	
in 2006 or before.										
Please indicate your class level as of September 2007: Freshman Sophomore Junior Senior										
		Post-Seconda	ary Instituti	on		From	То	Date Gradua	nea	
1.									-	
2.										
3.										
If you are transferring, please identify the school you will be attending in September 2007:										
C. 2. 2. 7. 7. 7. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.										
Section 3B: To be completed by students who are 2007 high school graduates or those who have taken a break										
between high school and post-secondary education and are <u>beginning</u> their post-secondary educational career in September 2007:										
Please identify the educational institutions to which you have applied and indicate acceptance status:										
Post-Secondary Institution					are acceptance		es	No		
1.						_ •		110		
2.										
3.	n 1 /m :	. 101								
Other/7	rade/Tech	nical School:								

Section 4 : Write in the corresponding select Other, then write in your major.	g codes to identify	no more than three disciplines you ma	y pursue. If you
STEM FOCUS: Graph SCIENCE Major Code: 1)		OGY DENGINEERING DEMATE	
Discipline	Code	Discipline	Code
Accounting	01	Human Development	24
Agriculture	02	Information Technology	25
Agronomy	03	Land Management	26
Allied Health Profession	04	Land Surveying	27
Animal Science	05	Marine Biology	28
Architecture	06	Mathematics	29
Aviation	07	Medicine	30
Banking	08	Mental Health	31
Biology	09	Nursing	32
Building Trades	10	Nutrition/Exercise Science	33
Business	11	Physics	34
Chemistry/Biochemistry	12	Political Science	35
Computer Technology/Programming	13	Psychology	36
Dentistry	14	Public Health	37
Education	15	Rehabilitation Services	38
Ecology/Environment	16	Science (any form)	39
Economics	17	Technology	40
Engineering	18	Transportation	41
Finance	19	Veterinary Medicine	42
Forestry	20	Natural Resources Management	43
Geology	21	Nursing	44
Health	22		
Horticulture	23	Other:	

								Section 5: Honors	
Section 6: Extracurricular Activities: Section 6A: Please list your significant extracurricular activities, including clubs, hobbies, and non-spactivities, leadership roles and the total hours committed in each year during your post-secondary and hi carecrs. Example: Organization: Speech/Debate Club; Leadership: Chair – Sr.; Description: debated teams from other schools; Hours: Fresh. –10; Soph. –10; Jr. –150; Sr. – 200 Organization Leadership Position Activity Position Activity Section 6B: Please list sports activities, including interscholastic, club and recreation teams you partic from 9th grade until now.		ers.	school caree			rds during			
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from 9 th grade until now.	dditional omments		Year	Hours			-	Organization	
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from 9 th grade until now.									
	articipated i	ıms you pa	reation tear	club and rec	nterscholastic,	including			
	S	Comment	lditional C	Ac	Year	ition			

Section 7: Commun	ity Service Activitie	es: Please list your volunteer activities. Example:	
	Habitat for Humanity	When: every October for past four years	
Description of Service:	*	Total Hours: 20	
Organization	When	Description of Service	Hours
Section 8: Employn recent position).	nent Data: Please list	paid work experience and internships (start with m	ost
Dates of Employment	Company Name	Position Held	Hours
C	D. 6		_
		st the names and addresses of three personal referen	nces, at least
two from academic source	ces.		
Name	Relationship	Address	
rame	Relationship	11441 655	
Q 10 40 1 3 34.4	11.0		
		ease include any other information that is important	
strategies for paying for college		reviewing your application (100 words or less). In	clude financial
strategies for paying for cone	ge, ranning situation, etc.		

Retain copies of the scholarship	mation section of the scholarship guidelines. Submit all materials by April 6 th . guidelines, your application and all materials for your records. ons will not be returned to the applicants.
I certify that all information contained	within this application is, to the best of my knowledge, true and accurate.
Signature:	Date:

Application Checklist:

- □ 1. Original application: Signed and all questions answered
 - 2. Copy of birth certificate or driver's license
 - 3. Statement by the Applicant as required
 - 4. Endorsement letters as required
 - 5. Official transcript of grades or work record

If you have questions while completing this application, you may contact Helen Riddle at 301.600.2758 or hriddle@fredco-md.net